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nation to identify	y your case:				
Kimberly	A.	Mumma			
First Name	Middle Name	Last Name	Che	eck if this is:	
Michael	D.	Mumma		An amended filing	
First Name	Middle Name	Last Name	<u> </u>	An amended ming	
United States Bankruptcy Court for the: EASTERN DIST. OF PENNSYLVANIA		□	A supplement showing postpetition chapter 13 income as of the following date:		
17-14953				chapter 13 income as of the following date	
				MM / DD / YYYY	
	Kimberly First Name Michael First Name ruptcy Court for the:	First Name Middle Name Michael D. First Name Middle Name ruptcy Court for the: EASTERN DIST	Kimberly A. Mumma First Name Middle Name Last Name Michael D. Mumma First Name Middle Name Last Name ruptcy Court for the: EASTERN DIST. OF PENNSYLVANIA	Kimberly A. Mumma First Name Middle Name Last Name Michael D. Mumma First Name Middle Name Last Name ruptcy Court for the: EASTERN DIST. OF PENNSYLVANIA	

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

P	Part 1: Describe Emp	oloyment					
1.	Fill in your employment information.		Debtor 1	Debtor 1		Debtor 2 or non-filing spouse	
	If you have more than one job, attach a separate page with information about additional employers.	Employment status	✓ Employed☐ Not employed		☐ Employed☑ Not employed		
		Occupation	Book keeper				
	Include part-time, seasonal, or self-employed work.	•					
	Occupation may include student or homemaker, if it applies.	Employer's address	450 Commerce I Number Street	Blvd.	Number Street		
			Quakertown	PA 18951			
			City	State Zip Code	City	State Zip Code	
		How long employed t	here? <u>8 months</u>	<u>. </u>			

Part 2: **Give Details About Monthly Income**

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1

For Debtor 2 or

				non-filing spouse
2.	List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2.	\$4,263.00	\$0.00
3.	Estimate and list monthly overtime pay.	3. +	\$0.00	\$0.00
4.	Calculate gross income. Add line 2 + line 3.	4.	\$4,263.00	\$0.00

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Debtor 1 Debtor 2	Kimberly A. Mumma Michael D. Mumma	Case number (if known) 17-14953			
5h. Other	· Payroll Deductions (details)		For Debtor 1	For Debtor 2 or non-filing spouse	
	od Local Tax		\$37.83		
PaUr	nemploy		\$2.56		
		Totals:	\$40.39	\$0.00	

13. Expected increase or decrease within the year after you file this form:

Joint Debtor recieved a promotion after the filing of the petition and will be able to afford the first step plan amount; Debtors will be able to afford the second step plan amount due to a combonation of both another promotion for Joint Debtor effective this October 2019 and anticipated increases in Debtor's business income.

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Debtor 1 Kimberly A. Mumma Debtor 2 Michael D. Mumma 17-14953 Case number (if known) 8a. Attached Statement (Debtor 2) public adjuster **Gross Monthly Income:** \$3,300.00 Expense Category <u>Amount</u> \$900.00 operating expenses **Total Monthly Expenses** \$900.00 **Net Monthly Income:** \$2,400.00

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